SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$32,009,780	\$7,627,540	\$319,087,670	\$77,323,720	\$2,860,250	\$82,590
OTHER MEDICAL	\$71,986,770	\$15,232,100	\$452,515,070	\$208,748,670	\$7,424,460	\$186,020
COUNTY OUTPATIENT	\$1,425,950	\$950,660	\$43,480,140	\$7,926,340	\$145,160	\$20
COMMUNITY OUTPATIENT	\$23,446,520	\$4,581,650	\$238,990,870	\$54,371,700	\$1,267,110	\$12,770
PHARMACY	\$56,512,700	\$24,887,430	\$1,299,698,220	\$121,654,810	\$8,675,260	\$196,720
COUNTY INPATIENT	\$5,871,720	\$2,036,800	\$144,614,580	\$26,705,760	\$1,078,580	\$3,410
COMMUNITY INPATIENT	\$174,405,650	\$30,404,830	\$1,157,172,530	\$277,771,590	\$28,038,970	\$122,000
NURSING FACILITIES	\$457,838,830	\$26,943,290	\$701,502,840	\$2,724,370	\$2,071,263,410	\$7,816,380
ICF-DD	\$447,940	\$9,947,840	\$179,652,370	\$493,560	\$27,417,470	\$3,675,220
MEDICAL TRANSPORTATION	\$17,099,980	\$4,697,680	\$65,302,030	\$7,035,190	\$4,222,370	\$133,520
OTHER SERVICES	\$151,073,060	\$12,920,480	\$478,481,900	\$27,858,280	\$63,793,820	\$142,140
HOME HEALTH	\$153,620	\$11,425,510	\$98,170,500	\$4,073,690	\$2,710	\$0
FFS SUBTOTAL	\$992,272,510	\$151,655,810	\$5,178,668,720	\$816,687,680	\$2,216,189,560	\$12,370,780
DENTAL	\$26,616,180	\$1,499,130	\$61,586,210	\$84,076,650	\$4,764,190	\$23,540
TWO PLAN MODEL	\$32,004,010	\$8,274,490	\$686,360,290	\$1,127,420,920	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$194,756,140	\$18,575,680	\$763,162,520	\$240,336,700	\$407,344,660	\$1,259,320
GEOGRAPHIC MANAGED CARE	\$6,819,400	\$1,806,890	\$137,480,610	\$199,388,660	\$0	\$0
PHP & OTHER MANAG. CARE	\$198,112,290	\$3,405,250	\$80,185,390	\$12,835,280	\$6,173,930	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$16,445,090	\$0	\$0
MEDICARE PAYMENTS	\$1,134,991,600	\$61,224,630	\$1,701,578,760	\$0	\$156,925,870	\$2,052,220
STATE HOSP./DEVELOPMENTAL CNTRS.	\$548,540	\$1,919,870	\$74,600,840	\$731,380	\$11,702,090	\$1,127,540
MISC. SERVICES	\$610,744,310	\$35,156,230	\$2,341,002,020	\$1,336,580	\$0	\$0
NON-FFS SUBTOTAL	\$2,204,592,460	\$131,862,170	\$5,845,956,650	\$1,682,571,260	\$586,910,730	\$4,462,620
TOTAL DOLLARS (1)	\$3,196,864,970	\$283,517,980	\$11,024,625,370	\$2,499,258,940	\$2,803,100,300	\$16,833,400
ELIGIBLES ***	406,300	22,900	947,500	1,392,100	47,200	200
ANNUAL \$/ELIGIBLE	\$7,868	\$12,381	\$11,635	\$1,795	\$59,388	\$84,167
AVG. MO. \$/ELIGIBLE	\$656	\$1,032	\$970	\$150	\$4,949	\$7,014

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 33. Refer to page following report for listing.

Last Refresh Date: 01/05/2009 BY Page 14

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$6,341,930	\$48,158,800	\$546,180	\$59,490,130	\$274,151,900	\$33,017,520
OTHER MEDICAL	\$6,580,220	\$80,063,190	\$2,295,790	\$121,036,370	\$465,443,120	\$74,534,540
COUNTY OUTPATIENT	\$426,340	\$6,633,340	\$84,420	\$16,700,710	\$30,915,250	\$3,512,210
COMMUNITY OUTPATIENT	\$1,206,400	\$21,956,670	\$226,460	\$42,017,570	\$125,781,430	\$16,314,320
PHARMACY	\$14,963,080	\$77,731,480	\$914,500	\$101,542,270	\$177,687,990	\$52,578,970
COUNTY INPATIENT	\$17,738,610	\$23,600,080	\$1,259,380	\$166,976,730	\$180,389,950	\$15,368,150
COMMUNITY INPATIENT	\$44,677,170	\$120,861,520	\$1,997,280	\$304,746,350	\$1,132,385,620	\$116,623,380
NURSING FACILITIES	\$513,322,730	\$225,523,020	\$1,429,300	\$68,488,160	\$22,372,740	\$7,903,140
ICF-DD	\$177,672,880	\$152,180	\$0	\$4,355,760	\$802,330	\$2,212,420
MEDICAL TRANSPORTATION	\$2,492,860	\$11,300,890	\$450,130	\$15,145,950	\$14,152,730	\$2,004,260
OTHER SERVICES	\$14,217,780	\$107,133,610	\$868,770	\$73,000,490	\$72,556,740	\$10,934,870
HOME HEALTH	\$24,200	\$705,430	\$37,480	\$47,987,240	\$7,908,260	\$9,923,420
FFS SUBTOTAL	\$799,664,200	\$723,820,220	\$10,109,690	\$1,021,487,740	\$2,504,548,060	\$344,927,220
DENTAL	¢1 522 000	\$16 015 460	\$44.720	\$9.609.240	\$196 AEC 270	\$22 281 <i>44</i> 0
DENTAL	\$1,532,000	\$16,015,460	\$44,720	\$8,698,340	\$186,456,270	\$22,281,440
TWO PLAN MODEL	\$0	\$36,043,620	\$253,060	\$41,052,830	\$1,754,589,720	\$37,691,790
COUNTY ORGANIZED HEALTH SYSTEMS	\$164,465,740	\$117,241,530	\$301,390	\$128,777,020	\$530,763,260	\$28,747,460
GEOGRAPHIC MANAGED CARE	\$0	\$4,723,370	\$0	\$7,960,980	\$203,038,910	\$5,150,100
PHP & OTHER MANAG. CARE	\$241,400	\$29,592,140	\$32,170	\$3,175,450	\$15,772,360	\$1,929,760
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$37,874,570	\$2,894,160
MEDICARE PAYMENTS	\$36,941,360	\$251,112,430	\$2,036,510	\$160,771,670	\$16,535,820	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$211,917,590	\$487,590	\$30,470	\$700,910	\$91,420	\$365,690
MISC. SERVICES	\$0	\$314,972,650	\$913,150	\$278,761,280	\$3,168,680	\$241,500
NON-FFS SUBTOTAL	\$415,098,090	\$770,188,770	\$3,611,470	\$629,898,480	\$2,748,291,000	\$99,301,910
TOTAL DOLLARS (1)	\$1,214,762,290	\$1,494,009,000	\$13,721,150	\$1,651,386,220	\$5,252,839,070	\$444,229,120
ELIGIBLES ***	15,200	214,900	700	117,300	2,762,100	214,700
ANNUAL \$/ELIGIBLE	\$79,919	\$6,952	\$19,602	\$14,078	\$1,902	\$2,069
AVG. MO. \$/ELIGIBLE	\$6,660	\$579	\$1,633	\$1,173	\$158	\$172

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 33. Refer to page following report for listing.

Last Refresh Date: 01/05/2009 BY Page 15

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$2,900,320	\$705,340	-\$28,196,680	\$168,923,950	\$3,575,840	\$4,665,950
OTHER MEDICAL	\$2,291,460	\$974,680	\$34,602,710	\$183,469,690	\$16,602,460	\$10,924,930
COUNTY OUTPATIENT	\$360,820	\$184,150	\$452,010	\$8,534,290	\$674,060	\$588,300
COMMUNITY OUTPATIENT	\$968,860	\$148,230	-\$7,832,870	\$30,703,950	\$3,140,450	\$4,022,380
PHARMACY	\$3,095,380	\$714,960	-\$7,139,450	\$16,303,470	\$2,795,100	\$5,911,260
COUNTY INPATIENT	\$1,344,370	\$51,540	\$51,922,510	\$62,437,570	\$857,650	\$1,540,060
COMMUNITY INPATIENT	\$9,821,390	\$518,990	\$142,242,320	\$477,622,800	\$8,374,860	\$14,038,570
NURSING FACILITIES	\$36,049,760	\$0	\$19,986,080	\$0	\$0	\$0
ICF-DD	\$1,544,790	\$0	\$337,840	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$219,000	\$19,700	\$1,263,330	\$1,789,650	\$292,230	\$259,710
OTHER SERVICES	\$720,830	\$100,860	\$2,748,810	\$12,383,280	\$2,906,120	\$3,357,530
HOME HEALTH	\$17,620	\$1,580	-\$332,350	\$928,070	\$531,080	\$1,117,580
FFS SUBTOTAL	\$59,334,600	\$3,420,040	\$210,054,260	\$963,096,720	\$39,749,840	\$46,426,270
DENTAL	\$200,650	\$1,404,000	\$107,200	\$301,800	\$9,577,280	\$10,157,730
TWO PLAN MODEL	\$1,899,560	\$1,632,960	\$0	\$44,739,850	\$85,876,120	\$71,184,430
COUNTY ORGANIZED HEALTH SYSTEMS	\$5,126,420	\$240,350	\$2,928,360	\$30,455,730	\$41,771,540	\$26,721,730
GEOGRAPHIC MANAGED CARE	\$281,700	\$172,080	\$0	\$7,863,060	\$16,235,860	\$12,990,080
PHP & OTHER MANAG. CARE	\$24,320	\$0	\$0	\$1,689,340	\$1,082,700	\$982,570
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,551,970	\$1,407,210
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$182,840	\$0	\$60,950	\$243,790	\$0	\$30,470
MISC. SERVICES	\$2,660	\$0	\$0	\$188,570	\$26,180	\$23,750
NON-FFS SUBTOTAL	\$7,718,150	\$3,449,390	\$3,096,500	\$85,482,130	\$156,121,650	\$123,497,980
TOTAL DOLLARS (1)	\$67,052,750	\$6,869,430	\$213,150,760	\$1,048,578,850	\$195,871,490	\$169,924,250
ELIGIBLES ***	3,100	2,900	46,600	212,400	140,500	126,000
ANNUAL \$/ELIGIBLE	\$21,630	\$2,369	\$4,574	\$4,937	\$1,394	\$1,349
AVG. MO. \$/ELIGIBLE	\$1,802	\$197	\$381	\$411	\$116	\$112

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 33. Refer to page following report for listing.

Last Refresh Date: 01/05/2009 BY Page 16

^{***} Eligibles include the estimated impact of eligibility policy changes.

BY Page 17

FISCAL YEAR 2009-10 COST PER ELIGIBLE BASED ON NOVEMBER 2008 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,013,272,740
OTHER MEDICAL	\$1,754,912,240
COUNTY OUTPATIENT	\$122,994,160
COMMUNITY OUTPATIENT	\$561,324,470
PHARMACY	\$1,958,724,160
COUNTY INPATIENT	\$703,797,460
COMMUNITY INPATIENT	\$4,041,825,820
NURSING FACILITIES	\$4,163,164,050
ICF-DD	\$408,712,590
MEDICAL TRANSPORTATION	\$147,881,220
OTHER SERVICES	\$1,035,199,380
HOME HEALTH	\$182,675,640
FFS SUBTOTAL	\$16,094,483,920
DENTAL	\$435,342,770
TWO PLAN MODEL	\$3,929,023,640
COUNTY ORGANIZED HEALTH SYSTEMS	\$2,702,975,540
GEOGRAPHIC MANAGED CARE	\$603,911,690
PHP & OTHER MANAG. CARE	\$355,234,350
EPSDT SCREENS	\$60,173,010
MEDICARE PAYMENTS	\$3,524,170,870
STATE HOSP./DEVELOPMENTAL CNTRS.	\$304,742,000
MISC. SERVICES	\$3,586,537,550
NON-FFS SUBTOTAL	\$15,502,111,430
TOTAL DOLLARS (1)	\$31,596,595,350
ELIGIBLES ***	6,672,600
ANNUAL \$/ELIGIBLE	\$4,735
AVG. MO. \$/ELIGIBLE	\$395

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 33. Refer to page following report for listing.

Last Refresh Date: 01/05/2009

^{***} Eligibles include the estimated impact of eligibility policy changes.

EXCLUDED POLICY CHANGES: 33

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
8	STATE-FUNDED KINGAP
30	CDSS SHARE OF COST PAYMENT FOR IHSS
35	UNSPECIFIED BUDGET REDUCTION
46	FAMILY PACT DRUG REBATES
87	HOSP FINANCING - DSH PMT
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT
89	HOSP FINANCING - SAFETY NET CARE POOL
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN COSTS
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND
94	HOSP FINANCING - STABILIZATION FUNDING
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND
97	HOSP FINANCING - CCS AND GHPP
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
102	BASE ADJUSTMENT - DPH INTERIM RATE
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
104	CAPITAL PROJECT DEBT REIMBURSEMENT
106	IGT FOR NON-SB 1100 HOSPITALS
107	FFP FOR LOCAL TRAUMA CENTERS
108	CERTIFICATION PAYMENTS FOR DP-NFS
109	DSH OUTPATIENT PAYMENT METHOD CHANGE
110	SRH OUTPATIENT PAYMENT METHOD CHANGE
122	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
124	HEALTHY FAMILIES - CDMH
127	MINOR CONSENT SETTLEMENT
128	DENTAL RETROACTIVE RATE CHANGES
156	DELAY CHECKWRITE JUNE 2008 TO JULY 2008

EXCLUDED POLICY CHANGES: 33

157 DELAY CHECKWRITE JUNE 2009 TO JULY 2009